

ATTORNEY DOCKET NO. 05145.0008U1
ELECTRONIC FILING
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
Jayant <i>et al.</i>)	Art Unit: 2621
)	
Application No. 09/902,995)	Examiner: Tung T. Vo
)	
Filing Date: July 11, 2001)	Confirmation No. 1924
)	
For: SYSTEM AND METHOD FOR)	
CALCULATING AN OPTIMUM)	
DISPLAY SIZE FOR A VISUAL OBJECT)	

TRANSMITTAL LETTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/> Response to Office Action <input checked="" type="checkbox"/> Fee as calculated below <input type="checkbox"/> No Additional Fee Required <input type="checkbox"/> Corrected Drawings	<input checked="" type="checkbox"/> Request for Extension of Time <input type="checkbox"/> Supplemental Declaration <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Other _____
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CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	51	51	0	X \$50.00		\$0.00
Independent Claims	5	5	0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input checked="" type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$120.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$60.00
TOTAL FEE DUE						\$60.00

ATTORNEY DOCKET NO. 08182.0008U1
APPLICATION NO. 09/902,995

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$60.00 for the fees designated below is attached
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.

/Charley F. Brown #52,658/

Charley F. Brown
Registration No. 52,658

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
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